STATE OF MARYLAND—CERTIFICATE OF DEATH

04489

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County St. Mary's Registration Dist. No. 181

Village or City Ridge No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Roger Brown If U. S. Veteran, specify WAR

(a) Residence: No. Ridge, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	C.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Dorsey

6. DATE OF BIRTH (month, day, and year) 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Oysterman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) 20+

11. Total time (years) spent in this occupation not learned

12. BIRTHPLACE (city or town) Ridge (State or country) Md.

FATHER

13. NAME Vincent Brown

14. BIRTHPLACE (city or town) St. Mary's County (State or country) Md.

MOTHER

15. MAIDEN NAME Molley Dorsey

16. BIRTHPLACE (city or town) St. Mary's County (State or country) Md.

17. INFORMANT Elis Jant (Address) Dameron, Md.

18. BURIAL, CREMATION, OR REMOVAL Place St. Peters Cemetery Date April 16, 1940

19. UNDERTAKER Eph. Robinson (Address) Dameron, Md

20. FILED April 16, 1940 P. J. Beam Asst Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 14 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 26, 1940, to April, 1940

I last saw him alive on April 13, 1940; death is said to have occurred on the date stated above, at 6 a.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Several years ago
Syphilis	Several years ago

Other **Contributory Causes** of importance:

Name of operation none Date of

What test confirmed diagnosis? Clin + lab. Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robert T. Fuchs M. D.

(Address) Park Hall, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04490

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County St. Mary's. Registration Dist. No. 281

Village or City Valley Lee No. Rural St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foraign birth? yrs. mos. ds.

2. FULL NAME James Parron Hill If U. S. Veteran, specify WAR

(a) Residence: No. Valley Lee Md. St., Ward. Social Security No. 219-01-8683

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Janey Johnson

6. DATE OF BIRTH (month, day, and year) July 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Saw Mill

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation ca 20

12. BIRTHPLACE (city or town) Great Mills (State or country) Md.

FATHER

13. NAME Isaac Hill

14. BIRTHPLACE (city or town) Not learned (State or country) Not learned

MOTHER

15. MAIDEN NAME Mary Barber

16. BIRTHPLACE (city or town) Not learned (State or country) Not learned

17. INFORMANT John Sasog (Address) Valley Lee, Md.

18. BURIAL, CREMATION, OR REMOVAL Place St. Georges Cemetery Date April 22, 1940

19. UNDERTAKER Robinson Funeral Home (Address) Leonardtown Md

20. FILED April 22, 1940 C. A. Brown Md. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 18 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 8 1940 to April 18, 1940.

I last saw him alive on April 14, 1940; death is said to have occurred on the date stated above, at 10 39 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Tabo-Paresis (Syphilis)	ca 1910

Other Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clin + Lab. Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robert T. Fuchs M. D.

(Address) Park Hall, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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MAY 4 1928
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

04491

CERTIFICATE OF DEATH

Reg. Dist. No. 2 80

1. PLACE OF DEATH:

County St. Mary's

City or town Mechanicsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rural

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County St. Mary's

City or town Mechanicsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stillborn Johnson

3. (b) Social Security Number —

4. Sex M

5. Color or race Col

6. (a) Single, married, widowed, or divorced —

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 9 / 40

8. AGE: Years Months Days If less than one day

Stillborn hrs. min.

9. Birthplace Mechanicsville (Town, county, and state)

10. Usual occupation —

11. Industry or business

FATHER

12. Name Jos. Johnson

13. Birthplace Mechanicsville

MOTHER

14. Maiden name Lillian Baker

15. Birthplace Mechanicsville

16. Informant Jos. Johnson

Address Mechanicsville

17. Burial (Burial, cremation, or removal, Which?) Date thereof 4/10/40 (month) (day) (year)

Cemetery or crematory St. Joseph's

Location Morganza Md

18. Funeral director Jos. Johnson

Address Mechanicsville Md

19. 4/9 1940 (Date rec'd by registrar) Carmalin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 9 1940, 4:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 9 1940, to Apr 9 1940, and that I last saw him alive on Apr 9 1940.

Immediate cause of death Stillborn

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank A. Carmalin M. D. or other

Address Leonardtown Date signed 4/9/40

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MAY 4 1948
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (147-C)

04492

CERTIFICATE OF DEATH

Reg. Dist. No. 283

1. PLACE OF DEATH

County St. Mary's

City or town Mechanicsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rural

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County St. Mary's

City or town Mechanicsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lillian Cecilia Johnson

3. (b) Social Security Number

4. Sex F

5. Color or race Col

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Jos. Johnson

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Feb. 3, 1902

8. AGE: Years 38 Months 2 Days 7 If less than one day ___ hrs. ___ min.

9. Birthplace Mechanicsville Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James R. Baker
13. Birthplace Md.

MOTHER
14. Maiden name Eliza Nelson
15. Birthplace Md

16. Informant Jos. Johnson
Address Mechanicsville

17. Burial Date thereof Apr 13/40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Joseph's

Location Morganza Md.

16. Funeral director Elmer Quade
Address Hughesville

19. 4/11 1940 Camalier
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1940, at 6 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr. 9 1940, to Apr 10 1940, and that I last saw her alive on Apr 10 1940.

Immediate cause of death Pulmonary Embolism

DURATION 4 hrs

Due to Confinements 4/9/40

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank A. Camalier
M. D. or other

Address Leonardtown Date signed 4/11/40

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MAY 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (190) CB

04493

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH:
County St Marys
City or town Rural Point Lookout
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Washington DC Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Alabama Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME George H Luckel

3. (b) Social Security Number 483-03-4070

4. Sex male
5. Color or race white
6. (a) Single, married, widowed, or divorced widowed
6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 25-1880
8. AGE: Years 59 Months 5 Days 18 If less than one day hrs. min.
9. Birthplace Washington D.C. (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name Louis Luckel
13. Birthplace Germany
MOTHER 14. Maiden name Marie Sanbert
15. Birthplace Germany
16. Informant Frank Luckel
Address 3435 Alabama Ave SE DC
17. Removal (Burial, cremation, or removal. Which?) Date thereof April 13-1940 (month) (day) (year)
Cemetery or crematory
Location
18. Funeral director Thos F Murray
Address 2207 Nicolas Ave SE
19. 4/13 1940 (Date rec'd by registrar) Cornelius Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13th 1940, at 7 a M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19
and that I last saw him alive on dead April 13 1940.
Immediate cause of death Freezing Coma
Due to Lying out in snow & cold
Due to Acute Alcoholism
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE F F Greenwell Assist Med Exam M. D. or other
Address Leonardtown Md Date signed April 13-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(8)

04494

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:

County St. Mary's

City or town Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? —

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County St. Mary's

City or town Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Oakley Md

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Stillborn Maddox

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
fem	col	single

6.(b) Name of husband or wife —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 4-20-40

8. AGE:

Years	Months	Days	If less than one day
—	—	—	— hrs. ..... min.

9. Birthplace Oakley Md (Town, county, and state)

10. Usual occupation none

11. Industry or business —

FATHER

12. Name George Theodore Maddox

13. Birthplace Oakley

MOTHER

14. Maiden name May Morgan Mason

15. Birthplace Oakley Md

16. Informant May Morgan Mason

Address Oakley Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4-20-40 (month) (day) (year)

Cemetery or crematory Sacred Heart

Location Bushwood Md

18. Funeral director James Mason

Address Oakley

19. 4-20- 1940 (Date rec'd by registrar) N. V. Palmer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-20 1940, at 7 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19..., to — 19...

and that I last saw her alive on dead on 4-20 1940

Immediate cause of death Premature birth

Due to fall down stairs

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert V. Palmer M. D. or other

Address Avenue Md Date signed 4-20-40

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MAY 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157)

04495

CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St Marys

City or town Rural near Scotland Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Rural near Scotland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Scotland Beach
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Infant Ridgell

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	single

6 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 17 1940

8. AGE:

Years	Months	Days	If less than one day
—		—	— hrs. 10 min.

9. Birthplace Scotland St Marys, Md
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Jimmie A Ridgell
13. Birthplace Scotland Md

MOTHER
14. Maiden name Olive M Cooper
15. Birthplace Scotland Md

16. Informant Olive Ridgell
Address Scotland Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 18, 1940 (month) (day) (year)

Cemetery or crematory St Michaels

Location Ridge, Md

18. Funeral director Jimmie Ridgell

Address Scotland Md

19. April 18 1940 (Date rec'd by registrar) A J Bowen MD Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1940, at 3:40 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 17 1940, to April 17 1940, and that I last saw him alive on April 17 1940.

Immediate cause of death	DURATION
Premature birth	6 months
(cause not known)	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE A J Bowen MD
M. D. or other

Address Quant Mills Md Date signed Apr 18/40

RECEIVED
MAY 4 1940
BUREAU V. S.

04496

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Mary's

City or town M. Leonardtown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rural

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 5 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County St. Mary's

City or town Leonardtown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Catherine Speith

3. (b) Social Security Number

4. Sex F

5. Color or race W

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Chas. P. Speith

6(c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Apr. 2, 1872

8. AGE: Years 68 Months Days 29 If less than one day hrs. min.

9. Birthplace New Bavaria, Ohio
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Adam Lesh
13. Birthplace New Bavaria Ohio

MOTHER
14. Maiden name Lieh Young
15. Birthplace New Bavaria Ohio

16. Informant Roscoe Speith
Address 2301 Naylor Rd S E Wash. DC

17. Burial Date thereof May 2/40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Paul's Cemetery

Location Leonardtown

16. Funeral director P. B. Robinson

Address Leonardtown

19. 4/30 1940 Camalus
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1940, at 4:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr. 19 1940, to Apr. 30 1940 and that I last saw her alive on Apr. 30 1940.

Immediate cause of death Cerebral Hemorrhage

DURATION

Due to Hypertension

Due to

Other conditions Hypostatic Pneumonia
Lobar pneumonia. Cwlt R.
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank A. Camalus M. D. or other

Address Leonardtown Date signed 4/30/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15-1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (130)

04497

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St Mary's

City or town Leonardtown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) one month

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County St Mary's

City or town Leonardtown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Hellen Louise Trent

3. (b) Social Security Number

4. Sex female

5. Color or race Col

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband ~~or wife~~ Alfred Trent

6(c) If alive, give age unknown years

7. Birth date of deceased (mo., day, yr.) 7 - 31 - 1908

8. AGE: Years 31 ~~32~~ Months 8 Days 18 If less than one day hrs. min.

9. Birthplace California, Md. (Town, county, and state)

10. Usual occupation Store operator

11. Industry or business

FATHER 12. Name Benjamin Mason

13. Birthplace California, Md.

MOTHER 14. Maiden name Margaret Gun

15. Birthplace California, Md.

16. Informant Mary Helen Mason

Address Leonardtown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 22, 1940 (month) (day) (year)

Cemetery or crematory St. Aloysius Cemetery

Location Leonardtown Md

18. Funeral director P. B. Robinson

Address Leonardtown Md.

19. 4/22 1940 Cancelier (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19th 1940, at 1 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1st 1940, to April 19th 1940 and that I last saw him alive on April 18 1940.

Immediate cause of death Acute Interstitial nephritis not complicated by a puerperal condition. DURATION

Due to S.W.R.

Due to Possibly alcoholism or syphilis.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F F Greenwell M. D. or other

Address Leonardtown Md Date signed

RECEIVED
MAY 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04498

1. PLACE OF DEATH

County St. Marys Registration Dist. No. 286

Village or City Palmers No. Md St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. — mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Elizabeth Woodland

(a) Residence: No. Palmers St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fem.	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 4-13-1923

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	11	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Helper at

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. home

10. Date deceased last worked at this occupation (month and year) 2-40

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Bushwood Md

FATHER

13. NAME Walter Hebert

14. BIRTHPLACE (city or town) (State or country) Bushwood Md

MOTHER

15. MAIDEN NAME Catherine Woodland

16. BIRTHPLACE (city or town) (State or country) Bushwood Md

17. INFORMANT (Address) James L. Maddox Abell Md

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 4-13-1940

19. UNDERTAKER (Address) Rose E. Welsh Chaptico Md

20. FILED 4-14-1940 O. N. S. Palmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 4 (Month) 12 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 4-11-1940, to 4-12-1940

I last saw her alive on 4-12-1940; death is said to have occurred on the date stated above, at 11:55 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Congestion	4-11-40

Other Contributory Causes of Importance:

Pulmonary Stenosis Chronic (not pregnant)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robert S. Palmer M. D.

(Address) Avenue

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other **contributory causes of importance:**	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other **contributory causes of importance:**	
Gastroenteritis	*1 year*

RECEIVED
MAY 7 1928
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN